

SUMMARY PROGRESS REPORT

BEHAVIORAL HEALTH REFORM THE DEVELOPMENT OF COMMUNITY BASED SERVICES

May Report

Region 1:

- Training and orientation for the LCRT is scheduled for May 13 and May 20. Ten clinicians have agreed to serve on the team. Consultation with local law enforcement agencies continues with a joint meeting scheduled to take place on May 18. The implementation date for the LCRT is June 1.
- The Crisis Respite Center has a capacity of eight beds with two overflow beds. 21 consumers were served in March 2006. The Crisis Respite Center has had a total of 126 admissions from August 2005 through April 2006. As of May 1, 2006 the Crisis Respite Center has 8 beds filled. In order to decrease length of stays for consumers, the Crisis Respite techs and Emergency Community support workers will begin weekly joint staffing to facilitate further collaboration between the two programs and integration of services.

Region 2:

- 15 individuals were EPC'd and 9 potential EPC's were diverted to voluntary care through provider requests for assistance. What barriers or problems have been identified? No barriers at this time. Our Emergency Support program had 100 calls from 6 of our 17 counties. 33 individuals were helped with medication assistance, 14 people with transportation, 3 individuals were helped with medical needs and 14 were helped with other critical needs. Each of these needs being met helped prevent a crisis.

Region 3:

- The Crisis Response Team continues to expand serving 10 different counties in March with a total of 70 calls. 48 of the CRT interventions were done face to face, resulting in only 3 EPCs and 7 voluntary admissions into an acute care setting. Region 3 and the Division of BH Services are teaming up to provide training for law enforcement officers from Adams and Hall counties in early June. Training will focus on working with people in psychiatric crisis, increasing knowledge of available services in Region 3 and how to access these services.
- Unity House served a total of 23 participants and has incorporated WRAP (Wellness Recovery Action Plan) programming into their services. SCBS has formed a Participant Council to provide recommendations and input for the development and operation of the program.

Region 4:

- Region 4 is working with Region III to develop subacute capacity at Richard Young Kearney. It is anticipated that this will be implemented by July 1, 2006.
- Region 4 attended 2 meetings with the Columbus community generating ideas for services in the area. Participants included law enforcement, county attorney, local providers, HHS staff and other interested individuals. The group has agreed to continue meeting to work on a plan to divert EPC's and responding to crisis.

Region 5:

- The CRTs have fielded a total of 30 calls since becoming operational. Nine calls were received by the CRT during the month of March; six resulting in EPCs being diverted. Nine calls were received by the CRT in April; all nine resulted in diversion of an EPC.
- The director/coordinator of the Crisis Response Teams continues to do outreach and education to police and sheriff's offices in the four pilot counties to facilitate increased awareness and utilization of the CRTs. Seward County has agreed to pilot a program in which they will call the crisis line as the first step with all mental health calls.

Region 6:

- The new sixteen (16) bed subacute unit with Telecare will be operational this month which will be located in Bellevue..
- The Care Review Team will be working with hospitals to ensure continuity of community placements and timely discharges from acute and subacute services.

Region Progress Report March Data/April Activities

Region 1 Behavioral Health Services

Date of Report: 5/01/2006

| SERVICE TYPE | ACTIVITY | DATE | PROGRESS, BARRIERS, NEXT STEPS |
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| Emergency Psych Respite | Region 1 will provide this service. | OPERATIONAL DATE: 8/01/05 | <p>How many people have been served? The Crisis Respite Center has a capacity of eight beds with two overflow beds. 21 consumers were served in March 2006. The Crisis Respite Center has had a total of 126 admissions from August 2005 through April 2006. As of May 1, 2006 the Crisis Respite Center has 8 beds filled.</p> <p>What barriers or problems exist? In order to decrease length of stays for consumers, the Crisis Respite techs and Emergency Community support workers will begin weekly joint staffing to facilitate further collaboration between the two programs and integration of services.</p> |
| Local Crisis Response Team & Emergency Community Support | Region 1 will provide ECS and CRT in Scottsbluff, Banner and Morrill counties. | TARGET DATE: 06/01/06 | <p>How many people have been served? What barriers or problems exist? Any changes to the target date?</p> <p><u>Emergency Community Support</u> There are two Emergency Community Support Workers in the Scottsbluff office with a total active case-load of 33 clients.</p> <p><u>Local Crisis Response Team</u> Training and orientation for the LCRT is scheduled for May 13 and May 20. Ten clinicians have agreed to serve on the team. Consultation with local law enforcement agencies continues with a joint meeting scheduled to take place on May 18. The implementation date for the LCRT is June 1.</p> |
| Acute & Secure | Regional West Medical Center is providing acute and secure services in Region 1. | OPERATIONAL DATE: 7/01/04 | <p>How many people have been served? In March 2006, 5 consumers were served by the homeward bound program at Regional West Medical Center (with all of those consumers being served in the dual diagnosis portion of the program). A total of 34 consumers have been served by the homeward bound program since July 2005.</p> <p>What barriers or problems exist? None at this time.</p> |
| Dual Disorder | Regional West | OPERATIONAL | How many people have been served? What barriers or problems exist? Any |

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| Residential | Medical Center is providing this service. | DATE: 10/3/05 | changes to the target date? The dual diagnosis program at RWMC became operational in October 2005 and a total of 16 consumers have been served. In March 2006, 5 consumers were admitted. |
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Region Progress Report

March data/April Activities

Region 2 Behavioral Health Services

| SERVICE TYPE | ACTIVITY | DATE | PROGRESS, BARRIERS, NEXT STEPS |
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| Crisis Respite Beds | Liberty House in North Platte, Nebraska is providing Crisis Respite Services. | OPERATIONAL DATE: 1/1/05 | How many people have been served? 2 individuals were served for a total of 8 nights. What barriers or problems have been identified? No barriers at this time. |
| Acute Inpatient and Subacute for Commitments | Richard Young Hospital and Great Plains Medical Center are providing acute and Subacute services for Region 2 consumers. | OPERATIONAL DATE: 10/1/04 | How many people have been served? 16 acute days and 31 subacute days were purchased serving 8 people. What barriers or problems have been identified? None at this time. |
| Crisis Response Team | Emergency Support program is a service of Region 2 Human Services. | OPERATIONAL DATE: 2/1/05 7-1-05 (Region) | How many people have been served? 15 individuals were EPC'd and 9 potential EPC's were diverted to voluntary care through provider requests for assistance. What barriers or problems have been identified? No barriers at this time. Our Emergency Support program had 100 calls from 6 of our 17 counties. 33 individuals were helped with medication assistance, 14 people with transportation, 3 individuals were helped with medical needs and 14 were helped with other critical needs. Each of these needs being met helped prevent a crisis. |

| SERVICE TYPE | ACTIVITY | DATE | PROGRESS, BARRIERS, NEXT STEPS |
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| Emergency Community Support | Emergency Support services are provided by Region 2 Human Services. | OPERATIONAL DATE: 7/04 7-05 (Region) | How many people have been served? 29 clients are in emergency community support. What barriers or problems have been identified? The need remains high for transportation, medications, and housing—this is not a barrier but will become a problem if funds diminish. |
| Dual Disorder Residential beds | CenterPointe is the provider and the contract was signed on February 24 th , 2005. | OPERATIONAL DATE: 1/05 | How many people have been served? 3 individuals were served for a total of 115 days. What barriers or problems have been identified? None at this time. |
| Community Support | Goodwill and Region 2 Human Services are the providers of this service. | OPERATIONAL DATE: 12/04 | How many people have been served? 35 individuals were served by Goodwill—in addition, region-wide 239 individuals were served in substance abuse and mental health community support. What barriers or problems have been identified? The demand for this service continues to be high which we see this as a strength not a barrier. Continued funding is a must for this service. The managed care issues remain a difficulty. It is hard to see the benefit for the amount of time it takes away from direct client care by the community support worker for each authorization.. |
| Medication Management | Region 2 is providing this service. | OPERATIONAL DATE: 12/15/04 | How many people have been served? 297 individuals were served in medication management throughout the Region. What barriers or problems have been identified? The demand for this service remains high and the need for help accessing free meds is essential. We are helping over 100 individuals access meds through the patient assistance programs. Help in taking meds appropriately is also a strength of this program. |
| Substance Abuse Short Term Residential | St. Monica's and Touchstone are providing this service for Region 2. | OPERATIONAL DATE: 1/05 | How many people have been served? 22 individuals were served. What barriers or problems have been identified? Due to long wait lists we have accessed additional beds at other treatment centers when needed. |

| SERVICE TYPE | ACTIVITY | DATE | PROGRESS, BARRIERS, NEXT STEPS |
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| Phase IIa Day Rehab | Our Phase IIA funding was for Day Rehab. | OPERATIONAL DATE: 4/1/05 | How many people have been served? 85 individuals were served for a total of 620 units. What barriers or problems have been identified? We have clients in other parts of the Region who could benefit from day rehab. We have worked with HHSS on transportation funding for eligible clients. An added barrier is the 3 and 5 hour designations for units of service. Many clients come to day rehab and they cannot stay for 3 or 5 hours due to their illness. Day Rehab is not reimbursed at all for these clients even though they benefit from coming in a participating at the level they can |

April 2006 Activities: Met with consumers in the McCook area and reviewed current services and needs. Completed management report for the board and set goals for next fiscal year based on the needs identified in the program evaluation and in client surveys. Coordinated Quality Improvement activities for services of the Region. Workshop for all staff was held that provided training on consumer based services. Met with all staff to focus efforts on the mental health reform. Contacted HRC, NRC and LRC regarding current Region II clients. Helped create discharge plans for Regional Center patients. Continued enhancing the supported employment and the voucher housing programs. Updated and maintained information systems. Attended NAMI and MHA meetings.

Region Progress Report March Data/April Activities

Region 3 Behavioral Health Services

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| Consumer Involvement | Region 3 seeks the counsel of consumers and their families on a regular basis. | Ongoing | <p>Joel McCleary, Administrator for the Office of Consumers Affairs, and Sue Adams, Program Specialist for the Division of BH Services, met with consumers, Region 3 staff and providers, touring several program sites. Region 3 is looking forward to the opportunity of having a Consumer Representative on staff.</p> <p>Plans are being finalized for continued WRAP training in various parts of the Region.</p> <p>Region 3 continues to have and seek consumer involvement and guidance. The Behavioral Health Advisory Committee met March 1st, with attendance by consumers and family members. Discussion included the development of annual objectives and goals for the region.</p> |
| Acute/Subacute | Richard Young Hospital and Mary Lanning Hospital are providing acute inpatient services for Region 3 consumers. | OPERATIONAL DATE: 11/01/04 | 16 participants were served in acute care at MLH and 1 participant was served through RYH. Barriers to dismissal from acute care include transportation, waiting list for outpatient services and obtaining timely medications. Region 3, with the assistance of Richard Young Hospital, is currently developing a process to provide consumers and their support systems intervention strategies to prevent the Mental Health Board commitment process from being initiated. |

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| | | | The Region 3 Transition Team is assisting MLH with referrals for dual residential treatment @ Catholic Charities. |
| Crisis Stabilization Unit (CSU) | | | |
| <ul style="list-style-type: none"> Crisis Stabilization | Mid-Plains Center for Behavioral Healthcare Services (MPC) has identified the Bauman Building site for the CSU and has started renovations. | TARGET DATE: 10/01/06 | MPC completed 3 separate foundation applications that should net approximately \$500,000 towards this effort. They have completed design details and finalized plans hoping to break ground in May. |
| <ul style="list-style-type: none"> Psych Respite | MPC continues their renovations for the bed based services. | TARGET DATE: 10/01/06 | Bed based services are pending at MPC. The Triage Center @ MPC is working with consumers and families finding needed resources and coping skills but is not an overnight bed based service at this time. Region 3 and the Division of BH Services are teaming up to provide training for law enforcement officers from Adams and Hall counties in early June. Training will focus on working with people in psychiatric crisis, increasing knowledge of available services in Region 3 including The Triage Center and how to access these service. |
| <ul style="list-style-type: none"> Medically Assisted Detox | The CSU will be located at MPC current outpatient site with the renovations beginning in Oct 2006 and a projected service delivery date by 10/01/06. | TARGET DATE: 10/01/06 | Medically Assisted Detox is pending the renovation of bed based services. |

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| <ul style="list-style-type: none"> • Urgent Outpatient | MPC provides this service through their outpatient clinic. Evening hours have been extended to increase access. | OPERATIONAL DATE: 11/1/04 | Urgent Outpatient Services served 13 participants in the month of March. |
| <ul style="list-style-type: none"> • Emergency Community Support | Goodwill Industries of Greater Nebraska provides service along with Region 3 and Mary Lanning Hospital. | OPERATIONAL DATE: 1/1/05 | Goodwill Emergency Community Support served 51 participants during the month of March. Barriers continue to be accessing timely services for participants in very rural areas of Region 3 and transportation. |
| <ul style="list-style-type: none"> • Crisis Response Team | Three Crisis Response Teams are operational across the entire region. Training and networking with area law enforcement has occurred. | OPERATIONAL DATE: 10/1/04 | The CRT continues to expand serving 10 different counties in March with a total of 70 calls. 48 of the CRT interventions were done face to face, resulting in only 3 EPCs and 7 voluntary admissions into an acute care setting. Region 3 and the Division of BH Services are teaming up to provide training for law enforcement officers from Adams and Hall counties in early June. Training will focus on working with people in psychiatric crisis, increasing knowledge of available services in Region 3 and how to access these service. |
| <ul style="list-style-type: none"> • Crisis Med Management | MPC provides this service through their Crisis Stabilization Unit. | OPERATIONAL DATE: 12/1/04 | 56 Participants were served in the Crisis Medication Management program. Consumers are still challenged by the high cost of medications and the necessary lab work for follow up. |
| <ul style="list-style-type: none"> • Drop-In Center | Drop-In Center is currently operational in the MPC Bauman Building Monday through Thursday. 24 hour services will begin in the fall of 2005. | OPERATIONAL DATE: 4/1/06 | The CSU continues to develop the availability of 24/7 Drop-In services through the Triage Center and has started community education regarding their services. |
| Dual Disorder Residential | Catholic Charities is developing Dual Disorder Residential treatment services in Columbus for | OPERATIONAL DATE: 12/15/05 | Region 3 continues to be challenged by the high demand for dual diagnosis beds. Catholic Charities is serving 3 participants at this time from Region 3 and is assessing further intakes for placement. Two Region 3 consumers are beginning their transition from Catholic |

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| | both Regions 3 and 4. | | Charities into the community with both formal and informal support systems in place. |
| Community Support – MH And SA | Goodwill Industries and South Central Behavioral Services have expanded their Community Support MH and SA services to cover all of Region 3. | OPERATIONAL DATE: 1/01/05 | Region 3 continues to be challenged by the high need for community support. Through BH dollars Goodwill reports 42 participants in MH Community Support and 24 participants in Community Support SA. South Central Behavioral Health Services reported 52 participants in MH and 20 participants in SA from funding with BH dollars. |
| Medication Management | Region 3 is contracting with RYH in Kearney, the Lanning Center in Hastings, the Lanning Center working through South Central Behavioral Services in Kearney, and Mid-Plains Center in Grand Island regarding the provision of this service. | OPERATIONAL DATE: 5/1/05 | 70 were served in Medication Management via The Lanning Center and Mid Plains served 159 participants. Medication Management programs continue to be challenged by participants not having access to the needed medication or prescription plan and having funding for the necessary lab work to continue on the prescribed medications. Richard Young Hospital has increased the availability of their Medication Management by adding two Nurse Practitioner serving participants from Region 3. |
| Psych Residential Rehab | South Central Behavioral Services, Able House is providing this service for Region 3 consumers. | OPERATIONAL DATE: 1/01/05 | Challenges include the availability of psych respite for consumers who may briefly become more acute and accessing the service in barrier free, timely manner. One additional participant was served through the additional funding. |
| Short-Term | Region 3 has expanded the | OPERATIONAL | SOS has served one additional participant through the expanded |

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| Residential | contract with Behavioral Health Specialists/Seekers of Serenity for the provision of additional STR services. | DATE: 1/01/05 | funding. |
| Crisis Respite/ Acute Inpatient (Voluntary) | Service will be provided by RYH of Kearney and will serve the western portion of Region 3. | OPERATIONAL DATE: 9/01/05 | Region 3 continues to see an increase in the utilization of this service helping to avert EPCs. Richard Young Hospital reports 3 participants served for a total of 37 days during the month March. |
| Telemedicine | Region 3 purchases time on existing hospital network and has purchased mobile telemedicine equipment for Com. Support, Emergency Com Support, and Crisis Response Team providers. | OPERATIONAL DATE: 6/15/05 | Region 3 continues to work with providers on utilizing the video phones to increase the accessibility to services in rural areas. RYH has also encouraged the use of telemedicine for intakes with dual diagnosis programs. Additional training will be provided this June in hopes of increasing the utilization of the phones. |
| Day Rehabilitation | Region 3 contracts with South Central Behavioral Services (SCBS) to develop Day Rehab services in Kearney. | OPERATIONAL DATE: 7/05/05 | Unity House served a total of 23 participants and has incorporated WRAP (Wellness Recovery Action Plan) programming into their services. SCBS has formed a Participant Council to provide recommendations and input for the development and operation of the program. |
| Halfway House | Region 3 is contracting with South Central Behavioral Services to expand their half way house services through the Freedom House in | OPERATIONAL DATE: 5/01/05 | 1 additional participant was served at Freedom House for a total of 9, reform dollars also assisted in paying for additional staff to meet Medicaid criteria in their programming. |

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| | Kearney. | | |
| Rental Assistance Program | Region 3 Behavioral Health Services provides rental assistance to individuals who experience a serious mental illness and who have very low income. | OPERATIONAL DATE: 7/15/05 | <p><u>Applications:</u> Year-to-date total number received = 34. Applications reviewed in March = 4. Of those applicants: 1 of 4 is Priority One, 1 of 4 is Priority Two, and 1 of 4 was denied services due to being Priority Three. The total number of applicants approved in March = 2. Year-to-date number approved for rental assistance = 23. Year-to-date of applicants terminated from waiting list = 6. In March, an approved applicant moved out of the region, one withdrew application from program and two approved applicants had not found suitable housing within 90 days. There are 17 applicants approved for services, 6 of 17 are Priority One and 11 of 17 are Priority Two. The number of applicants receiving assistance = 14. There are 24 Priority One Voucher remaining and 5 Priority Two vouchers remaining. A total of 18 HQS Inspections with only 1 that failed. In April Region 3 sponsored a Lunch and Learn for Kearney landlords and staff from Kearney Housing.</p> |

Region Progress Report

March Data/April Activities

Region 4 Behavioral Health Services

| SERVICE TYPE | ACTIVITY | DATE | PROGRESS, BARRIERS, NEXT STEPS |
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| Acute/Subacute | Region 4 has written confirmation from FRHS that they are planning to provide acute services but cannot do so until space is renovated to accommodate 9 additional beds. They currently have 13 EPC beds. | TARGET DATE: FRHS 10/1/06 | <p>How many people were served? What barriers or problems have been identified? Any changes to the target date?</p> <p>No change.</p> <ul style="list-style-type: none"> FRHS target date for acute service implementation continues to be October 1, 2006. Barriers: A number of departments/offices must be moved before renovations can begin to bring up new beds. FRHS does not want to mix EPC and acute patients. Region 4 is working with Region III to develop subacute capacity at Richard Young Kearney. It is anticipated that this will be implemented by July 1, 2006. |
| Crisis Response Team - Norfolk | Region 4 has contracted with Behavioral Health Specialists (BHS) in Norfolk area/Madison County. | OPERATIONAL DATE: 8/1/05 | <p>How many people were served? What barriers or problems have been identified?</p> <ul style="list-style-type: none"> Region 4 Emergency System Coordinator and Emergency Community Support worker have been training Region 4 community support workers on the process for Outpatient Commitments and follow-up. Norfolk Crisis Response Team served 14 people in March with a total of 65 being served to date. |

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| Emergency Community Support | Region 4 has contracted with Heartland Counseling for this service in northeastern Nebraska. | OPERATIONAL DATE: 3/1/05 | <p>How many people were served? What barriers or problems have been identified?</p> <ul style="list-style-type: none"> • Total number of persons served to date is 32; number served in March is 7. |
| Emergency Stabilization | Region 4 has contracted with Catholic Charities for this service. | TARGET DATE: 12/1/05 | <p>How many people were served? What barriers or problems have been identified? Any changes to the target date?</p> <ul style="list-style-type: none"> • Catholic Charities and the Region have determined that this is not a feasible service due to several significant barriers. The Region will be exploring alternatives with Catholic Charities. • Region 4 attended 2 meetings with the Columbus community generating ideas for services in the area. Participants included law enforcement, county attorney, local providers, HHS staff and other interested individuals. The group has agreed to continue meeting to work on a plan to divert EPC's and responding to crisis. |
| Crisis Response – Columbus | Region 4 is exploring alternative crisis services for consumers in this area. | TARGET DATE: 7/1/06 | <ul style="list-style-type: none"> • Region 4 met with Catholic Charities and others to discuss alternative crisis services in Columbus area on March 30th and April 11th. |

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| Psych Res Rehab | Region 4 has contracted with Catholic Charities for this service. | TARGET DATE: 12/01/05 | <p>How many people were served? What barriers or problems have been identified? Any changes to the target date?</p> <ul style="list-style-type: none"> • Construction/renovation is completed. • Four persons have been served to date. • Capacity is eight beds. |
| Community Support | Region 4 has contracted with Catholic Charities/Heartland Counseling for this service in the Columbus area and Northeastern counties. | OPERATIONAL DATE: 3/1/05 | <p>How many people were served? What barriers or problems have been identified?</p> <ul style="list-style-type: none"> • Catholic Charities has served 16 persons to date; 10 in March. • Heartland Counseling: See Phase IIa below. |
| Crisis Respite | Region 4 has contracted with R Way, Rainbow Center, & Liberty Centre for this service. | OPERATIONAL DATE: 3/15/05 | <p>How many people were served? What barriers or problems have been identified?</p> <ul style="list-style-type: none"> • Liberty Centre served 1 in March; 17 to date. • Rainbow Center served 0 in March; 1 to date. • R Way served 0 in March; 1 to date. • Heartland – O'Neill 1 in March; 1 to date. |
| Dual Disorder Residential | Region 4 has contracted with Catholic Charities for this service. | TARGET DATE: 12/1/05 | <p>How many people were served? What barriers or problems have been identified? Any changes to the target date?</p> <ul style="list-style-type: none"> • Construction / renovation is completed. • In March 6 persons were served: 3 from Region 4, 3 from Region III. |
| Day Rehab | R Way, Rainbow Center, & Liberty Center received funds from Region 4 to expand | OPERATIONAL DATE: 3/15/05 | <p>How many people were served? What barriers or problems have been identified?</p> <ul style="list-style-type: none"> • To date 85 persons have been served; 52 in March. |

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| | capacity. | | |
| Med Management | Faith Regional Health Services is the contracted provider for this service in Region 4. | OPERATIONAL DATE: 3/15/05 | <p>How many people were served? What barriers or problems have been identified?</p> <ul style="list-style-type: none"> To date 42 people have been served; 3 in March. |
| Phase IIa Community Support | Additional Community Support in 5 locations in the Region. | OPERATIONAL DATE: 3/15/05 | <p>How many people were served? What barriers or problems have been identified?</p> <ul style="list-style-type: none"> CS-MH -To date 266 persons have been served; 180 in the month of March. CS-SA – To date 236 persons have been served; 109 people in March. |

Additional information:

- Emergency System/Network Coordinator continues to meet with NRC social workers as necessary to facilitate discharged from NRC. The Emergency System Coordinator met with Lee Tyson, Mary O'Hare, and the social work staff at LRC to devise a uniform process for Region 4 discharges on March 8, 2006. On April 4, 2006 the Emergency System Coordinator met with Region 4 patients at LRC and worked with social workers to make appropriate referrals. On April 5, 2006, the Emergency System Coordinator attended the first Emergency System meeting.
- Since strength-based assessments were implemented with NRC discharges:
 - 84 Persons have been discharged to date
 - 3 Persons were discharged in March
 - 2 Region 6 persons discharged to Region 4 and 1 Region 4 to Region 6 however this person was originally a Region 6 person.
 - 9 Persons are hard to place
 - 2 Persons are ready for discharge with no placement
- Lee Tyson provided training on borderline personalities for Region 4 Community Support workers on March 27, 2006. Approximately 36 Community Support workers attended the training.

- Significant work is being done to infuse the Wellness and Recovery philosophy in the Region 4 Network. The Region is working with the Mental Health Association on the following activities:
 - Anti-Stigma presentations were made to the Region 4 Advisory Committee (with an invitation to consumers, consumer groups and family groups in Region 4 to attend), and the Region 4 Governing Board in November. A presentation for the Network Providers will be on April 27, 2006.
 - Region 4 has obtained 100 copies of The President's New Freedom Commission on Mental Health: Executive Summary, Transforming Mental Health Care in American: The Federal Action Agenda: First Steps and Freedom to Choose: Transforming Behavioral Health Care to Self-Direction. Copies have been distributed to all appropriate Region 4 employees, Advisory Committee Members and Region 4 Network providers. Network providers will be encouraged to order copies to distribute to their board members, consumers and consumer family members.

The goal continues to be not only increased involvement of consumers at all levels, but empowerment of consumers to develop and participate in self-directed care. With the appointment of Joel McCleary as Director of the Office of Consumer Affairs, we hope to work closely with him to increase consumer involvement.

Region Progress Report

March Data / April Activities 2006

Region 5 Behavioral Health Services

| SERVICE TYPE | ACTIVITY | DATE | PROGRESS, BARRIERS, NEXT STEPS |
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| Assertive Community Treatment Team | Providers: The Community Mental Health Center (CMHC) of Lancaster County, Lutheran Family Services, and CenterPointe | OPERATIONAL DATE: 7/1/05 | <p>How many people were served? Seventeen consumers had been enrolled in ACT as of 4/4/06. Additionally, ten consumers are on the referral list. The program is working to enroll 3-4 consumers per month.</p> <p>The program is in the process of increasing staffing so that the program will be fully staffed to serve maximum capacity of 70 consumers. Openings on the team include one case manager, one nurse, and two therapist positions. Full staffing will facilitate on-going program development and increase the program's rate of admission.</p> <p>What barriers or problems have been identified? The goal is to increase the rate of admissions to four per month. Time constraints are the largest barrier to this goal being met. It takes approximately 40 hours of work per admission. The program director is currently evaluating and attempting to streamline the process. However, the preadmission and comprehensive assessment must remain thorough and detailed to provide quality care.</p> |
| Emergency Community Support/Crisis Response Teams | Providers: Blue Valley Mental Health Center, Lutheran Family Services, and Houses of Hope | OPERATIONAL DATE: ERCS 5/1/05 CRT 10/10/05 | <p>How many people were served? Emergency Community Support served 52 consumers in March 2006.</p> <p>The CRTs have fielded a total of 30 calls since becoming operational. Nine calls were received by the CRT during the month of March; six</p> |

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| | | | <p>resulting in EPCs being diverted. Nine calls were received by the CRT in April; all nine resulted in diversion of an EPC.</p> <p>What barriers or problems have been identified?</p> <p>The director/coordinator of the Crisis Response Teams continues to do outreach and education to police and sheriff's offices in the four pilot counties to facilitate increased awareness and utilization of the CRTs. Seward County has agreed to pilot a program in which they will call the crisis line as the first step with all mental health calls.</p> <p>.</p> |
| <p>Phase IIa Community Support MH, Halfway House, Short Term Residential, Community Support SA, Therapeutic Community, Dual Residential</p> | | <p>OPERATIONAL DATE: 5/1/05</p> | <p>How many people were served?</p> <p>All added capacity is fully operational and serving consumers, however, these services are not under capacity development guidelines thus agencies are not tracking utilization of this added capacity separately.</p> <p>What barriers or problems have been identified?</p> <p>None have been identified.</p> |

Region Progress Report

March Data/April Activities

Region 6 Behavioral Health Services

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| SERVICE TYPE | ACTIVITY | DATE | AGENCY | TOTAL SERVED CURRENT MONTH |
| Community Support | Service providers: Catholic Charities, Friendship Program and Lutheran Family Services | Operational Date: 12/04 | Catholic Charities: | 19 |
| | | | Friendship: | 28 |
| | | | Lutheran Family Services: | 25 |
| | | | Issues and concerns: | None |
| Day Rehab | Service provider: Community Alliance Friendship (added) | Operational Date: 12/04 | Community Alliance: | 76 |
| | | | Friendship: | 15 |
| | | | Issues and concerns: | None |

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| Psych Res Rehab | Service provider: Community Alliance | Operational Date: 12/04 | Community Alliance: 50 Issues and concerns: None |
| ACT | Service provider: Community Alliance | Operational Date: 12/04 | Community Alliance: 21 Issues and concerns: None |
| Emergency Community Support | Service Provider: Salvation Army | Operational Date: 1/24/05 | Salvation Army Assessments: 24 Admissions: 3 Barriers: Services have an inability to take individuals directly from the hospital due to severity of behavioral health symptoms. Hospitals do not appear to be referring all BOMH committed individuals to CRT. At times CRT referrals do not take place until days after the BOMH commitment. |
| Dual Disorder Residential | Service Provider: Catholic Charities | Operational Date: 1/24/05 | Catholic Charities: 17 Issues and concerns: Interview arranged for person in the community who was referred to the Dual Program. The person then refused to interview. Person interviewed in a hospital setting for the Dual Program. |

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| <p>The person had shoulder surgery while hospitalized and his arm was immobilized post surgery. The hospital was unable to provide any information regarding the person's rehabilitation plans or needs. The Dual Program was unable to further consider admission without this information. This information was needed for appropriate treatment planning.</p> | | | |
| Crisis Response Team | Community Input Obtained from Dodge and Washington Counties | Operational Date: TBD | N/A |
| Sub Acute Inpatient | Telecare | Operational Date: 9/30/05 | <p>Telecare: 23</p> <p>Barriers: Not enough beds to accommodate need.</p> |
| Short Term Residential | Service Provider: NOVA | Operational Date: October 2005 | <p>NOVA: 13</p> <p>Issues: There have been no major problems with referrals or with admissions to the program, and coordination of discharges and admissions with other providers has been smooth. One client returned to STR after completing treatment in the month before because of relapse and coordination with having client admitted to the Dual Residential program. This transition was completed without difficulty.</p> |
| Intensive Community Services | Service Providers: Community Alliance Salvation Army | Operational Date: Community Alliance: December 2005 | <p>Community Alliance: 9</p> <p>Salvation Army: 7</p> |

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|------------------------------|--|---------------------------------------|---|
| | | Salvation Army: October 2005 | Barriers: Severity of symptomology |
| TRP Expansion | Service Provider: Salvation Army | Operational Date: December 5, 2005 | Salvation Army: 6 Barrier: Severity of symptomology |
| IOP Expansion | Service Provider: Lutheran Family Services | Operational Date: November 2005 | Lutheran Family Services: 9 Issues and concerns: None |
| Community Resource Center | Discussion Among Key Stakeholders | Operational Date: TBD | N/A |
| Medication Management | Service Providers: Catholic Charities and Lutheran Family Services | Operational Date: 2/05 | Catholic Charities: 8 Lutheran Family Services: 40 Issues: The biggest concern or issue I have is in regards to LB95 medications and getting them started. Once all the paperwork is done, this process goes well. There have been some situations where the initial paperwork was not done and this delays the client getting their medications. <u>Examples:</u> one client came out of LRC and Norfolk Pharmacy advised me that the financial paperwork had been done but they needed an updated Affidavit before they would fill the scripts. Another client did not get the paperwork done. He had been diverted from LRC out of Alegent. I had |

trouble getting a clear picture of who actually did the paperwork. The client had stated that he did the paperwork for his LB95 meds. This delays the client getting his medications and having a smooth transition.

**Transition
Contract**

Steering Committee consists of upper level administrators from Community Alliance, Region 6, Catholic Charities, Lutheran Family Services, Salvation Army and the Friendship Program. The Clinical Reform Team (CRT) consists of two individuals from each agency and the field rep from the Division.

**Operational
Date:
11/24/05**

**Phase IIa
Crisis Response
Teams**

Additional funds are available for Crisis Response Teams in Douglas and Sarpy County.

**Operational
Date:
TBD**